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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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2015

Open to Public
Inspection

For calendar year 2015, or tax year beginning 04-01-2015 , and ending 03-31-2016

Name of foundation THE CINCINNATI FOUNDATION FOR THE AGED		A Employer identification number 31-0536971
Number and street (or P O box number if mail is not delivered to street address) 2100 FOURTH AND VINE TOWER		B Telephone number (see instructions) (513) 381-6859
City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45202		
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 29,474,924	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
(Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,229,611			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	65	65		
	4 Dividends and interest from securities	1,033,856	1,033,856		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	296,203			
	b Gross sales price for all assets on line 6a 481,998				
	7 Capital gain net income (from Part IV, line 2)		296,203		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	11,348	10,145		
	12 Total Add lines 1 through 11	2,571,083	1,340,269		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	25,500	12,750		12,750
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	14,350	14,350		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	14,988	976		975
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	11,400	5,700		5,700
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	6,950	2,811		2,809
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	73,188	36,587		22,234
	25 Contributions, gifts, grants paid	1,305,840			1,305,840
	26 Total expenses and disbursements. Add lines 24 and 25	1,379,028	36,587		1,328,074
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,192,055			
	b Net investment income (if negative, enter -0-)		1,303,682		
	c Adjusted net income(if negative, enter -0-)				

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing				
2	Savings and temporary cash investments		244,535	229,361	229,361
3	Accounts receivable ►				
	Less allowance for doubtful accounts ►		18,793		
4	Pledges receivable ►				
	Less allowance for doubtful accounts ►				
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
7	Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
8	Inventories for sale or use				
9	Prepaid expenses and deferred charges		14,585	1,885	1,885
10a	Investments—U S and state government obligations (attach schedule)				
b	Investments—corporate stock (attach schedule)		9,944,140	11,177,268	28,989,206
c	Investments—corporate bonds (attach schedule)				
11	Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)		248,520	254,451	254,451
14	Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
15	Other assets (describe ►)		21	21	21
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		10,470,594	11,662,986	29,474,924
17	Accounts payable and accrued expenses				
18	Grants payable				
19	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe ►)		1,347	1,684	1,684
23	Total liabilities (add lines 17 through 22)		1,347	1,684	1,684
	Foundations that follow SFAS 117, check here ►				
	and complete lines 24 through 26 and lines 30 and 31.				
24	Unrestricted				
25	Temporarily restricted				
26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ►				
	and complete lines 27 through 31.				
27	Capital stock, trust principal, or current funds		10,469,247	11,661,302	
28	Paid-in or capital surplus, or land, bldg , and equipment fund		0	0	
29	Retained earnings, accumulated income, endowment, or other funds		0	0	
30	Total net assets or fund balances (see instructions)		10,469,247	11,661,302	
31	Total liabilities and net assets/fund balances (see instructions)		10,470,594	11,662,986	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	10,469,247
2	Enter amount from Part I, line 27a	2	1,192,055
3	Other increases not included in line 2 (itemize) ►	3	0
4	Add lines 1, 2, and 3	4	11,661,302
5	Decreases not included in line 2 (itemize) ►	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	11,661,302

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)		How acquired (b) P—Purchase D—Donation	Date acquired (c) (mo, day, yr)	Date sold (d) (mo, day, yr)
1a See Additional Data Table				
b				
c				
d				
e				
(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)	
a See Additional Data Table				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any		
a See Additional Data Table				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	296,203
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	1,347,320	27,632,110	0 048759
2013	1,296,600	26,387,099	0 049138
2012	1,137,283	23,771,735	0 047842
2011	1,013,194	21,752,896	0 046577
2010	864,093	20,076,259	0 043041
2 Total of line 1, column (d).			2 0 235357
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 047071
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.			4 26,825,183
5 Multiply line 4 by line 3.			5 1,262,688
6 Enter 1% of net investment income (1% of Part I, line 27b).			6 13,037
7 Add lines 5 and 6.			7 1,275,725
8 Enter qualifying distributions from Part XII, line 4.			8 1,328,074

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1	1	13,037
Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2.	3	13,037
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	13,037
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	12,700
b	Exempt foreign organizations—tax withheld at source.	6b	
c	Tax paid with application for extension of time to file (Form 8868).	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	12,700
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	337
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<input type="checkbox"/>	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	<input type="checkbox"/>	Yes	No
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
1c	Did the foundation file Form 1120-POL for this year?	<input type="checkbox"/>	Yes	No
1d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<input type="checkbox"/>	Yes	No
	<i>If "Yes," attach a detailed description of the activities.</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<input type="checkbox"/>	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	Yes	No
4b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<input type="checkbox"/>	Yes	No
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	● By language in the governing instrument, or			
	● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<input type="checkbox"/>	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<input type="checkbox"/> OH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<input type="checkbox"/>	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	<input type="checkbox"/>	Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<input type="checkbox"/>	Yes	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►CINTIFOUNDATION4AGED COM	13	Yes	
14	The books are in care of ►HEATHER JANSEN Located at ►2100 FOURTH VINE TOWER CINCINNATI OH	Telephone no ►(513) 381-6859 ZIP +4 ►45202		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year ►	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ►		
1c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
2a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
2b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		
4b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ►

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1. List all officers, directors, trustees, foundation managers and their compensation (see instructions)

2. Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE".

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities.	1a	26,977,807	
b	Average of monthly cash balances.	1b	255,881	
c	Fair market value of all other assets (see instructions).	1c	0	
d	Total (add lines 1a, b, and c).	1d	27,233,688	
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0	
2	Acquisition indebtedness applicable to line 1 assets.	2	0	
3	Subtract line 2 from line 1d.	3	27,233,688	
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	408,505	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	26,825,183	
6	Minimum investment return. Enter 5% of line 5.	6	1,341,259	

Part XI Distributable Amount(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,341,259	
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	13,037	
b	Income tax for 2015 (This does not include the tax from Part VI).	2b		
c	Add lines 2a and 2b.	2c	13,037	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	1,328,222	
4	Recoveries of amounts treated as qualifying distributions.	4	0	
5	Add lines 3 and 4.	5	1,328,222	
6	Deduction from distributable amount (see instructions).	6	0	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	1,328,222	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes			
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	1,328,074	
b	Program-related investments—total from Part IX-B.	1b	0	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2		
3	Amounts set aside for specific charitable projects that satisfy the			
a	Suitability test (prior IRS approval required).	3a		
b	Cash distribution test (attach the required schedule).	3b		
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,328,074	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	13,037	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,315,037	

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				1,328,222
2 Undistributed income, if any, as of the end of 2015			0	
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.	21,434			
e From 2014.				
f Total of lines 3a through e.	21,434			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ _____ 1,328,074				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				1,328,074
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	148			148
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,286			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	21,286			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.	21,286			
d Excess from 2014.				
e Excess from 2015.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. <input type="text"/>			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a			
c	Qualifying distributions from Part XII, line 4 for each year listed			
d	Amounts included in line 2c not used directly for active conduct of exempt activities			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter (1) Value of all assets			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)			
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)			
	(3) Largest amount of support from an exempt organization			
	(4) Gross investment income			

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

THE CINCINNATI FOUNDATION FOR THE AGED
2100 FOURTH VINE TOWER - 5 WEST
FOURTH STREET
CINCINNATI, OH 45202
(513) 381-6859

b The form in which applications should be submitted and information and materials they should include

N/A, THE CINCINNATI FOUNDATION FOR THE AGED DOES NOT ACCEPT APPLICATIONS,

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

GREATER CINCINNATI AREA - CHARITABLE NURSING FACILITIES

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			► 3a	1,305,840
b Approved for future payment				
Total			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments.			14	65	
4 Dividends and interest from securities.			14	1,033,856	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property.					
7 Other investment income.			14	10,145	
8 Gain or (loss) from sales of assets other than inventory.			18	296,203	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a MISCELLANEOUS				1,203	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).		0		1,341,472	
13 Total Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		1,341,472

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
KRAFT HEINZ CO	P		
LEGGETT & PLATT INC	P		
TALEN ENERGY CORP	P		
WEC ENERGY GROUP INC	P		
PPL CORP	P		
WEC ENERGY GROUP INC	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis (g) plus expense of sale	(h) (e) plus (f) minus (g)
66,000			66,000
219,696		160,766	58,930
10,502			10,502
185,800			185,800
		11,739	-11,739
		13,290	-13,290

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

(i) F M V as of 12/31/69	(j) Adjusted basis (j) as of 12/31/69	(k) Excess of col (i) (k) over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
			66,000
			58,930
			10,502
			185,800
			-11,739
			-13,290

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
ROBERT C PORTER JR	TRUSTEE 0 50	0	0	0
5435 KENWOOD ROAD APT 105 CINCINNATI, OH 45227				
THOMAS L FINN	TRUSTEE 0 50	0	0	0
7 ANNWOOD LANE CINCINNATI, OH 45206				
GENE WEBER	2ND VICE PRESIDENT 0 50	0	0	0
36 WINDING WAY CRESTVIEW HILLS, KY 41017				
RICHARD HOEFINGHOFF	TRUSTEE 0 50	0	0	0
2943 AMELIA DRIVE EDGEWOOD, KY 41017				
HEATHER JANSEN	SECRETARY/TREASURER 8 00	0	0	0
1032 RIVERVIEW FARMS PL VILLA HILLS, KY 41017				
WILLIAM H STRIETMANN	TRUSTEE 0 50	0	0	0
8360 RIDGEVIEW DRIVE CINCINNATI, OH 45015				
ROBERT PORTER III	PRESIDENT 0 50	0	0	0
2100 FOURTH VINE TOWER CINCINNATI, OH 45202				
SISTER JEAN MARIE HOFFMAN	1ST VICE PRESIDENT 0 50	0	0	0
132 LOUISE DRIVE FT MITCHELL, KY 41017				
BOYD COLGLAZIER	TRUSTEE 0 50	0	0	0
760 MAIDSTONE CT CINCINNATI, OH 45230				
JON BLOHM	TRUSTEE 0 50	0	0	0
1985 RUSTIC WOOD LANE CINCINNATI, OH 45255				
VINCE HOPKINS	TRUSTEE 0 50	0	0	0
3354 PADDOCK LANE MASON, OH 45040				
JAMES D KEMP	TRUSTEE 0 50	0	0	0
5765 SIDNEY ROAD CINCINNATI, OH 45233				
RICHARD KREHBIEL	TRUSTEE 0 50	0	0	0
10816 MILLINGTON COPURT STE 11 CINCINNATI, OH 45242				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
BAPTIST LIFE COMMUNITIES 3000 RIGGS AVENUE ERLANGER, KY 41018		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	89,755
BAYLEY PLACE 990 BAYLEY PLACE DRIVE CINCINNATI, OH 45233		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	32,250
CARMEL MANOR 100 CARMEL MANOR ROAD FT THOMAS, KY 41075		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	64,800
CEDAR VILLAGE 5467 CEDAR VILLAGE DRIVE MASON, OH 45040		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	264,895
COTTINGHAM RETIREMENT CENTER 3995 COTTINGHAM DRIVE CINCINNATI, OH 45241		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	219,555
COVINGTON LADIES HOME 702 GARRARD STREET COVINGTON, KY 41011		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	106,142
EPIC HOUSE 910 YORK STREET CINCINNATI, OH 45214		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	24,000
GREATER CINCINNATI FOUNDATION 200 WEST FOURTH STREET CINCINNATI, OH 45202		EXEMPT	DONATION	75,000
MERCY FRANCISCAN AT WEST PARK 2950 WEST PARK DRIVE CINCINNATI, OH 45238		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	36,000
MT HEALTHY CHRISTIAN HOME 8097 HAMILTON AVENUE CINCINNATI, OH 45231		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	80,540
OUR LADY OF THE WOODS 3636 SEMLOH AVENUE CINCINNATI, OH 45247		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	9,600
SCARLET OAKS RETIREMENT COMMUNITY 440 LAFAYETTE AVENUE CINCINNATI, OH 45220		NON-EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	34,469
ST CHARLES CARE CENTER VILLAGE AND LODGE 500 FARRELL DRIVE COVINGTON, KY 41011		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	88,200
ST MARGARET HALL 1960 MADISON ROAD CINCINNATI, OH 45208		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	88,000
IVY KNOLL 800 HIGHLAND AVE COVINGTON, KY 41011		NON-EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	34,400
Total.			► 3a	1,305,840

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LITTLE SISTERS OF THE POOR 476 RIDDLE RD CINCINNATI, OH 45220		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	6,970
OTTERBEIN 580 OH-741 LEBANON, OH 45036		EXEMPT	TO PAY FOR THE COST OF NURSING HOME CARE	51,264
Total.			► 3a	1,305,840

TY 2015 Accounting Fees Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED

EIN: 31-0536971

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	14,350	14,350		0

TY 2015 General Explanation Attachment

Name: THE CINCINNATI FOUNDATION FOR THE AGED**EIN:** 31-0536971

Identifier	Return Reference	Explanation
	PART V11-A LINE 12	THE DISTRIBUTIONS TO THE DONOR ADVISED FUND ARE BEING TREATED AS QUALIFYING DISTRIBUTIONS GRANTS ARE MADE TO CHARITABLE ORGANIZATIONS WHOSE PURPOSE IS TO EXTEND AID TO THE AGED AND/OR INDIGENT INDIVIDUALS

TY 2015 Investments Corporate Stock Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED
EIN: 31-0536971

Name of Stock	End of Year Book Value	End of Year Fair Market Value
A T & T INC	606,025	783,400
BLACKROCK CORE BOND TR	292,569	267,800
BRISTOL-MYERS SQUIBB COMPANY	60,823	178,864
CHEVRON TEXACO CORPORATION	45,975	477,000
COCA COLA COMPANY	15,911	974,190
DNP SELECT INCOME FUND IN	623,362	580,000
EXXON MOBILE CORP.	83,699	1,671,800
FIFTH THIRD BANCORP	7,249	333,800
BLACKROCK CREDIT ALLOCATION INCOME TR	193,894	100,160
GABELLI EQUITY TRUST INC.	111,186	78,735
GENERAL ELECTRIC COMPANY	545,747	540,430
GREAT PLAINS ENERGY INC.	338,276	419,250
PFIZER, INC.	41,749	533,520
PROCTER AND GAMBLE COMPANY	59,340	11,934,950
US BANCORP DEL	531,566	892,980
WELLS FARGO & COMPANY	13,935	483,600
EATON VANCE LTD DURATION	198,458	131,800
HANCOCK, JOHN PATRIOT	200,429	271,570
BANK OF AMERICA	711,890	243,360
CONSOLIDATED EDISON INC	442,947	766,200
REGIONS FINANCIAL	234,649	62,800
ASSURED GUARANTY MUNI	200,005	206,800
INTEGRYS ENERGY GROUP, INC.	484,052	677,590
ROYCE VALUE TRUST	551,116	292,750
SOUTHERN COMPANY	719,001	1,034,600
DUKE ENERGY CORP.	807,756	1,246,425
PNC FINANCIAL SERVICES	165,522	19,874
TRI CONTINENTAL	260,920	199,600
CINCINNATI FINANCIAL CORPORATION	793,553	1,372,560
VERIZON COMMUNICATIONS	689,108	811,200

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AMERICAN ELECTRIC POWER COMPANY INC	214,715	285,520
KRAFT FOOD GROUP INC	285,189	377,088
LEGGETT & PLATT INC	0	0
PPL CORPORATION	556,954	647,190
SPECTRA ENERGY CORP	89,698	91,800

TY 2015 Investments - Other Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED**EIN:** 31-0536971

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BLACKROCK MONEY MARKET	AT COST	254,451	254,451

TY 2015 Other Assets Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED**EIN:** 31-0536971

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSIT	20	20	20
CEMETARY PLOT	1	1	1

TY 2015 Other Expenses Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED

EIN: 31-0536971

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	2,652	1,326		1,326
TELEPHONE	1,749	875		874
OFFICE	2,549	610		609

TY 2015 Other Income Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED**EIN:** 31-0536971

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SECURITIES LITIGATION	10,145	10,145	10,145
MISCELLANEOUS	1,203		1,203

TY 2015 Other Liabilities Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED

EIN: 31-0536971

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL TAXES WITHHELD	1,347	1,347
EXCISE TAX PAYABLE	0	337

TY 2015 Taxes Schedule

Name: THE CINCINNATI FOUNDATION FOR THE AGED**EIN:** 31-0536971

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	13,037	0		0
FICA/UNEMPLOYMENT	1,951	976		975

Schedule of Contributors

OMB No 1545-0047

2015

- Attach to Form 990, 990-EZ, or 990-PF.
- Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

THE CINCINNATI FOUNDATION FOR THE AGED

Employer identification number

31-0536971

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)() (enter number) organization

527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

THE CINCINNATI FOUNDATION FOR THE AGED

Employer identification number

31-0536971

Part I**Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TRUST UW OSCAR COHRS 5050 KINDSLEY DRIVE MD 1M0820 CINCINNATI, OH 45263	\$ 280,611	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	TRUST UW LUEDEKING 5050 KINDSLEY DRIVE MD 1M0820 CINCINNATI, OH 45263	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

THE CINCINNATI FOUNDATION FOR THE AGED

Employer identification number

31-0536971

Part II**Noncash Property**

(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	

